File with: lowa Ethics and Campalgn Disclosure Board 510 E. 12th, Ste. 1A Des Molnes, lowa 50319 Fox: 515-281-4073



D IA ETHICS AND

Des Moines, Iowa 50319 Fax: 515-281-4073	FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE	199 Jan 2	0 AM 11: 15
COMMITTEE NAME (Must be	e same as on Statement of Organization)	┐	
IMPORTANT: Indicate by # type (1) Statewide/Legislative/Judge (4) County Central Committee (4)	of committee you are reporting for: Standing for Retention Candidate (2) State PAC (3) State Party 5) County Candidate (6) City Candidate (7) School Board or Other Politics ty PAC (8) City PAC (10) School Board or Other Political Subdivision PAC	(Re	ORM DR-2 V. 07/2007) Office Use Only 18403
	ONLY: Political Party (if applicable) Republican District (if Senate or House)	Sca	ged In Some
Late reports are subject to poss SIGNATURE OF PERSON FI	ible civil and criminal penalties. Pursuant to lowa Code sections 68B.32 (7)2)225-3143 LING REPORT TELEPHONE		.401(3), the candidate, for a
	eport date) REPORT FOR (1) ELECTION Indicate by		LECTION YEAR.
M Check if this is final (termin	ration) report and attach Notice of Dissolution Form DR-3. to file reports until a DR-3 is filed.)	County & Low	ittees, enter Date of Election - 04-08 cal Committees, enter County in on is held
STATEN	IENT OF CASH ON HAND		
CASH ON HAND at the begin	ning of the reporting period. (Total of all funds held by the ount MUST be the same as the cash on hand at the end period or must be zero if this is first report filed.)	\$	257.07
Schedule A: Cash (Y TAKEN IN THIS PERIOD Contributions total (Attach Schedule A) (*also see in-kind below) Received total (Attach Schedule F)		445.75 201.90
Schedule H: Total S	Sales of Campaign Property (Attach Schedule H) H applies to Candidates' Committees Only)		0.00
SUBTRACT TOTAL	SUB-TOTAL MONEY SPENT THIS PERIOD	\$	904.72
Schedule F: Loan F	ditures total (Attach Schedule B) (**also see debts and loans below Repayments total (Attach Schedule F)	*********	702.82
CASH ON HAND at the end of	of this reporting period (if final report balance must be zero)	\$	0.00
· ·	dule D - Attach Schedule D)		0.00
	(From Schedule E - Attach Schedule E)		381.30
**OUTSTANDING LOANS (F	rom Schedule F - Attach Schedule F)	\$	0.00
CONSULTANT BREAKDOW	N (Schedule G Attached?)		YES X NO
CANDIDATE COMMITTEES	ONLY: PERTY (From Schedule H - Attach Schedule H)	\$	0

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Bowers for Supervisor Committee

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID# CK#	Unitemized Contributions During Period		\$ 20.00	
1017108	1D# Unknown CK# 3033	15CP PAC 4808 F Avenue Marcus, Iowa 51035		300,00	
1915/08	ID# CK#	Verdell Johnson 991 490th Street Cleghovn, lowa 51014		100.00	
10 24 08	ID# CK#	Ken file 915 Hillside Cherokee, lowa 51012		<i>9</i> 5.00	
10/31/08	ID# CK#	Bank Interest		.32	
11/30/08	ID# CK#	Bank Interest		.43	
	ID# CK#				
			SUB-TOTAL	s	

TOTAL (if last page of this schedule)

Page | of |

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

FOR INSTRUCTIONS, SEE BACK OF FORM



Reset Form	
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SCHEDULE В (Rev. 07/03)

MONETARY **EXPENDITURES**

CHECK THIS BOX IF AMENDING FORM

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD. COMMITTEE NAME (Must be same as on Statement of Organization) Committee peruison AMOUNT NAME AND ADDRESS TO WHOM CANDIDATE PURPOSE (DESCRIBE TRANSACTION) **EXPENDED** EXPENDITURE ID NUMBER DATE (Disbursement) WAS MADE EXPENDED (if applicable) (MM/DD/YR) AND PAC CHECK NUMBER ID# \$ CK# 1D# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# SUB-TOTAL TOTAL (if last page of this schedule) 49 0

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:	
Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer	to Schedule H instructions.)
Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing se Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf Schedule G Instructions and Iowa Code 68A.402(3)(i).)	ervices must also be detail itemized on
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SCHEDULE

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)		D (Rev. 08/98)	INCURRED INDEBTEDNESS
Bowers for Supervisor Commit	ree		CK THIS BOX
IOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.	PERSONAL PROPERTY.	IF A	MENDING RM

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice

DATE INCURRED (MMDDYR) NAME AND ADDRESS OF PERSON SERVICES PROVIDED OR REPORTING PERIOD SERVICES PROVIDED OR REPORTING PERIOD \$ TO WHOM DEBT OR OBLIGATION IS OWED SERVICES PROVIDED OR REPORTING PERIOD \$ TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD \$ C			has beer	received.
SUB-TOTAL \$ TOTAL DEBTS GWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD \$	INCURRED	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	SERVICES PROVIDED OR	REPORTING
SUB-TOTAL \$ TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD \$				\$
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		TOTAL DEBTS OWED BY COMMITTEE A	TTHE END OF THIS REPORTING PERIOD	\$ 0
*If actual figure is unknown, show "estimated" beside the figure.	*If actual floure is	unknown, show "estimated" beside the figure.	Pag	(for Schedule D)

CANDIDATE COMMITTEES NOTE:

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future of continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, politing, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE

BOU	ENAME (Must be same as on Statement of Organization Crs for Supervisor (Committe	ec	<u></u>	ONTRIBUTIONS HIS BOX IF G FORM
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
10/01/08	Rondman Northwest from otions 301 Rock Island Cherokee Loure 51012		50 yard signs	150,00	
	C.Gary Bowers 617 North Shorman Avenu Cherokee, lowa 51012	و	loans Forgiven	231,30	
		<u> </u>	SUB-TOTAL	\$	
			TOTAL (if last page of this schedule)	\$ 381.30	
committee.	aw requires candidates to disclose the relationship of Relationship must be shown to the third degree of con . (See Page 2 of forms packet.) If surname of contri onship, enter "not applicable" in the relationship colum	butor is the same as			of(for Schedule E)

	IS, SEE BACK OF FORM E(Must be same as on Statement of Organization)		SCHEDULE LOAI
	for Supervisor Committee		(Rev. 02/08) RECEI & REP
E: This schedu	tile reports money loaned to the committee which is deposited in t	ommittee account.	CHECK THIS BO AMENDING FOR
TI. MONETA	RY LOANS RECEIVED <u>THIS</u> REPORTING PERIOD source of loan, such as a bank, must be shown if a third party is invok		lidate's personal funds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable	amount of Loan
10/32/08	C.Gary Bowers 617 North Sherman Avenue Cherokee, lowa 51012		173.40
80156101	C. Gary Bowers 617 North Sherman Avenue Cherokee, lowa 51012 C. Gary Bowers 617 North Sherman Avenue Cherokee, lowa 51012		28.50
ART II - MONE (Loans	TARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD forgiven must be reported on Schedule E — in-kind Contributions.)	TOTAL (PART I)	s 201,90
(Loans	TARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD forgiven must be reported on Schedule E in-kind Contributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	TOTAL (PART I) RELATIONSHIP TO CANDIDATE* (If Applicat	AMOUNT REPAID
DATE PAID (MM/DD/YR)	forgiven must be reported on Schedule E - in-kind Contributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicab	AMOUNT REPAID
DATE PAID (MM/DD/YR)	forgiven must be reported on Schedule E - in-kind Contributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicab	AMOUNT REPAID
DATE PAID (MM/DD/YR)	forgiven must be reported on Schedule E in-kind Contributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicab	AMOUNT REPAID \$ L97.83
DATE PAID (MM/DD/YR)	forgiven must be reported on Schedule E - in-kind Contributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicab	AMOUNT REPAID \$ L97.83
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) C. Gary Bowers (017 North Sherman Avenue Cherokel, lowa 51012 C. Gary Bowers (017 North Sherman Avenue Cherokee, lowa 51012	RELATIONSHIP TO CANDIDATE* (If Applicate of the candidate) (If	AMOUNT REPAID \$ 697.83 5.00
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) C. Gary Bowers (017 North Sherman Avenue Cherokel, Iowa 51012 C. Gary Bowers 617 North Sherman Avenue Cherokee, Iowa 51012	RELATIONSHIP TO CANDIDATE* (If Applicate the control of the contro	AMOUNT REPAID \$ L97.83